

General

Title

Toxicology: percentage of recommended antidotes in stock (adequately accessible).

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Structure

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of recommended antidotes in stock (adequately accessible).

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the

efficiency is limited.

It is necessary to define and protocolize the minimum stock of antidotes in accordance with the level of care provided at each center. The absence of essential antidotes can increase morbidity and mortality in intoxicated patients.

Evidence for Rationale

Burns MJ, Schwartzstein RM. General approach to drug poisoning in adults. [internet]. UpToDate; 2006.

Nogue S, Munne P, Soy D, Milla J. [Availability, use and cost of antidotes in Catalonia]. Med Clin (Barc). 1998 May 9;110(16):609-13. [PubMed](#)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Ries NL, Dart RC. New developments in antidotes. Med Clin North Am. 2005 Nov;89(6):1379-97. [102 references] [PubMed](#)

Primary Health Components

Toxicology; antidote stock

Denominator Description

Number of recommended antidotes according to hospital type (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of recommended antidotes in stock (adequately accessible) (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Emergency Department

Emergency Medical Services

Hospital Inpatient

Hospital Outpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Does not apply to this measure

Target Population Gender

Does not apply to this measure

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Not within an IOM Domain

Data Collection for the Measure

Case Finding Period

Does not apply to this measure

Denominator Sampling Frame

Health care or public health organization

Denominator (Index) Event or Characteristic

Health Care/Public Health Organization Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of recommended antidotes according to hospital type

Note:

Antidote: Drug used to counteract the effects of a toxic substance or that is used for the specific treatment of an intoxicated patient.

Antidotes should be readily available for healthcare staff 24 hours/day, 365 days/year.

Recommended antidotes: List elaborated by the expert committee, adjusted to the level of care provided by the center. Expired antidotes should be considered unavailable. Refer to the original measure documentation for additional details.

Population: All departments providing urgent care that might attend an intoxicated patient: Primary Care Centers; Level I, II, or III hospitals, 061, emergency ambulances.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of recommended antidotes in stock (adequately accessible)

Sufficient amount: To treat one patient for 24 hours

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Pharmacy data

Other

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: 95%

Evidence for Prescriptive Standard

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Identifying Information

Original Title

Minimum stock of antidotes in the critical care department and/or hospital pharmacy.

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Toxicology

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

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NQMC Status

This NQMC summary was completed by ECRI Institute on January 15, 2014. The information was verified by the measure developer on February 26, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)

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